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To: Commissioner for Patents	From: Robert Wallace	
	To: Examiner Maureen Arancibia	
	Group No.: 1763	
•	Telephone: 571-272-1219	
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Document Transmitted: Terminal Discl	aimer, Fee Tranmsittal (in duplicate	
Applicant: Kenneth COLLINS, et al.	Examiner: Maureen G. Arancibia	
Camical No. 10/645 450	Group Art Unit: 1763	
Filed: August 22, 2003	Docket No.: 6915 P01	
Title: PLASMA IMMERSION ION IMPLANTATION HAVING LOW DISSOCIATION AND LOW M	APPARATUS INCLUDING A PLASMA SOURCE	
THE TAX TO THE PLASMA VOLTAGE		
I hereby certify that this paper is facsimile to the United States Pater date shown below.	being transmitted by at & Trademark Office on the	
Printed Name: Shelly Hart Signature: Signature:	Date: August 28, 2006	

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PTO/SB/26 (09-04)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 481	Application Number	10/646,458	\neg	
FEE TRANSMITTAL	Filing Date	August 22, 2003	F.E	
For FY 2005	First Named Inventor	Kenneth COLLINS, et al. CENTRAL		
	Examiner Name	Maureen G. Arancibia		
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1763 AUG	7	
TOTAL AMOUNT OF PAYMENT (\$) 130.00	Attorney Docket No.	6915 P01	フ	
METHOD OF PAYMENT (check all that apply)				
Check Credit Card Money Order	one Other (please id	entify):		
Deposit Account Deposit Account Number: 50-0338	Deposit Account N	ame: Michaelson & Wallace	_	
For the above-Identified deposit account, the Director is	hereby authorized to: (check	k all that apply)	- 1	
Charge fee(s) indicated below	Charge fee(s) indicated below, except for the filing fee	١	
Charge any additional fee(s) or underpayments	fee(s) Credit any ov	erpayments		
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2. EXCESS CLAIM FEES Fee Description		Fee (\$)	ŀ	
Each claim over 20 (including Reissues)		50 25	ŀ	
Each independent claim over 3 (including Reissues)		200 100		
Multiple dependent claims		360 180	1	
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- 3 or HP = X BHP = HIghest number of independent claims paid for, if greater than 3				
2 ADDI ICATION SIZE EEE				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50				
sheets or fraction thereof. See 35 II S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = / 50 = (round up to a whole number) x =				
4. OTHER FEE(S)				
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Other (e.g., late filing surcharge): Terminal Discialmer fee under 37 CFR 1.20(d) \$130.00				
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Signature	Registration No. (Attorney/Agent) 29,119	Telephone 805-844-4035
Name (Print/Type)	Robert M. Wallace	Date 08/28/2006

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